

**Request for Exception to the Biweekly Maximum Earnings Limitation**

**Instructions:** Parts 1, 2 and 3 will be completed by the Regional Administrator, Assistant Administrator, Associate Administrator or his/her designee. For emergencies affecting more than one Region or Headquarters Office, the Director, Emergency Response Division, OSWER, will coordinate completion of this form, with input from an affected Regions or Headquarters Offices.

Parts 1 and 2 will be detached from this form and used as an attachment to a memorandum from the Director, OHRM, to the Office of Personnel Management (OPM) when requesting approval of an exception. After Parts 1 and 2 are detached, a copy should be retained by the Director, OHRM, to be attached to Parts 4 and 5 when he/she completes those parts of the form.

Parts 3, 4, and 5 are for EPA's internal use after receipt of approval from OPM of an exception.

**Part 1. Description of the Emergency**

a. **Type of emergency:**

b. **Nature and extent of threat to life and property:**

c. **Location:**

Region (s)/Office(s) \_\_\_\_\_

State(s): \_\_\_\_\_

d. **Date emergency began:** \_\_\_\_\_

e. **Estimated duration of emergency:** \_\_\_\_\_ weeks.

## Part 2. Employees Covered by the Exception

- a. **Estimated number of employees performing work directly related to resolving the emergency:** \_\_\_\_\_
  
- b. **Estimated average number of overtime hours worked per pay period:** \_\_\_\_\_
  
- c. **Types of work being performed:** \_\_\_\_\_

**Part 3. List of Employees**

*(Attach a separate sheet if more space is needed.)*

Name	SSN

**Part 4. Authorization of Exception to Biweekly Limitation on Earnings**

*(To be signed by the Director, OHRM. Attach a copy of the memorandum from OPM approving the exception.)*

In accordance with the Office of Personnel Management's approval, I authorize an exception to the biweekly limitation on earnings for the employees listed in Part 3. This exception will be in effect until any termination date that may be specified by OPM, or until I authorize termination by completing Part 5 of this form.

Effective date of exception: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

*(Send to Financial Management Division, Headquarters Accounting Operations Branch, Payroll Section, PM-226. Retain a copy to be used for completing Part 5 when emergency has concluded.)*

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**Part 5. Authorization to Terminate Exception to the Biweekly Limitation on Earnings**

*(To be signed by the Director, OHRM)*

I authorize termination of the exception to the biweekly earnings limitation for the employees listed in Part 3.

Effective date of termination of exception: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

*(Send to Financial Management Division, Headquarters Accounting Operations Branch, Payroll Section, PM-226. Retain a copy in Office of Human Resources Management Division files.)*